

County of Mono County
SUPPLEMENTAL QUESTIONNAIRE
Associate Engineer II

Please respond to the following questions as they relate to your own experience and training. Limit your responses to **not** more than **four, single-side, single-spaced, typed** pages (excluding attachments requested in question #1). Any additional pages, above the four permitted will **not** be reviewed.

The information provided on both the County Job Application and the Supplemental Questionnaire will be used to identify those candidates best meeting the County's needs. To be considered for the position, applicants must complete an official County Job Application, signed Supplemental Questionnaire, and questionnaire responses. **Failure to do so may be cause for disqualification from the selection process. Resumes are not accepted in lieu of fully completing and submitting the County job application and responses to the supplemental questionnaire.** The first application and supplemental questionnaire review is January 10, 2003 and every week thereafter.

Both levels, answer the following:

1. Explain why you are qualified for the Associate Engineer II or and attach a copy of either: EIT/LSIT or information about your Civil Engineering Degree. You may attach copies of whatever may be applicable to the position. (photocopies are acceptable).
2. Tell us about your background in road design and subdivision map processing. List the employer, your job title, supervisor and a telephone number of the supervisor for verification. If you do not possess this experience, please state "no experience".
3. Describe any experience you have in the design and administration of parks and facilities projects. List the employer, your job title, supervisor and a telephone number of the supervisor for verification. If you do not possess this experience, please state "no experience".

NAME (Print): _____ **SS#** _____

I affirm with my signature below that my responses to the above questions on the attached pages are true and correct to the best of my knowledge and represent my original work, unedited by any other person. I understand that falsified information, or failure to attach this Supplemental Questionnaire and responses with my completed County Job Application, will be cause for disqualification from the recruitment process.

SIGNED: _____ **DATE** _____